

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

KIND FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Bob Burg Mailing Address 2535 Madison Pl City La Crosse State WI Zip Code 54601-5142 FEC ID number of contributing federal political committee. C Name of Employer Midwest Securities Occupation Attorney Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6 Transaction ID: C34239 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Jeffrey A Capizzano Mailing Address 1371 E ST SE City Washington State DC Zip Code 20003-3006 FEC ID number of contributing federal political committee. C Name of Employer Teaching Strategies Inc Occupation Director of Public Policy & Research Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: C34294 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Gail Cleary Mailing Address W5858 Cedar Rd City La Crosse State WI Zip Code 54601-8401 FEC ID number of contributing federal political committee. C Name of Employer Occupation Housewife Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6 Transaction ID: C34182 Amount of Each Receipt this Period 200.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) ▶		1700.00
TOTAL This Period (last page this line number only) ▶		